

COLORADO DEPARTMENT OF TRANSPORTATION MOVING OR IN LIEU PAYMENT CLAIM (Business, Farm or Nonprofit Organization)		Project Code:	
		Parcel No:	
		Project No:	
		Location:	
		County:	
Claimant's name:			
State acquired property address or location:			
Replacement property address or location:			
Name of Business, Farm, or Nonprofit Organization:			
Moves from a business, farm or nonprofit organization (based on one or a combination of the following methods:			
1) Commercial Move (based on the lower of two bids or estimates) \$			
2) Self Move (based on one or a combination of the following):			
a) Lower of two bids \$			
b) Supported by receipted bills for labor and equipment. Hourly rates should not exceed those paid by commercial movers for labor and equipment rental..... \$			
Eligible Actual Moving Expenses for a Business, Farm, or Nonprofit Organization:			
Searching for a replacement location (not to exceed \$2,500) \$			
Storage of the personal property for a period not to exceed 12 months \$			
..... \$			
..... \$			
..... \$			
..... \$			
..... \$			
..... \$			
Related Nonresidential Eligible Expenses:			
Connection to available nearby utilities from the right of way to improvements at the replacement site. \$			
Professional Services performed prior to the purchase or lease of a replacement site. \$			
Impact fees or one time assessments for anticipated heavy utility usage. \$			
Reestablishment expenses – Nonresidential Moves (not to exceed \$10,000) \$			
Fixed Payment for Moving Expenses – Nonresidential Moves (Not less than \$1,000 nor more than \$20,000):			
Fixed payment in lieu of the payments for actual moving and related expenses and actual reasonable reestablishment expenses. \$			
I certify that I am the owner or authorized representative of the business, farm or nonprofit organization named above; that no other claim for reimbursement or compensation for payment of moving expenses or in lieu of moving expenses has been submitted or payment received, or will be accepted from any other source, by me or on behalf of said business, farm or nonprofit organization.			
In case of a moving claim, I certify that I have moved or have caused to be moved the personal property indicated on the inventory as having been relocated.			
Claimant's Signature		Title	Date:
Claimant's Signature		Title	Date:
FEIN or Social Security #			
REMARKS:			
I certify that I have examined this claim and the Relocation Determination (CDOT Form #453) with substantiating documentation submitted in connection with this claim, and have found it to conform to the applicable provision of State law; this claim is approved and payment is authorized.			
Real Estate Specialist signature		Date:	
Statewide ROW Program Manager (review and approval)		Date:	